



HHSC UNIFORM MANAGED CARE MANUAL

CHAPTER
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Quality Incentive Payment Program (QIPP) Timely Payments Attestation

EFFECTIVE DATE

September 1, 2017

Version 2.0

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	September 1, 2017	Initial version Uniform Managed Care Manual Chapter 5.20 "Quality Incentive Payment Program Timely Payments Attestation." Version 2.0 applies to contracts issued as a result of HHSC RFP numbers X29-10-0020, X29-12-0002, and X29-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.
¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions ² Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision. ³ Brief description of the changes to the document made in the revision.			



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General Instructions

MCOs will submit a PDF version of the Quality Incentive Payment Program (QIPP) Timely Payments Attestation to their MCO Deliverables Tracking System (DTS) folder within 30 Days of the end of each month. All applicable deliverable codes may be found in UMCM Chapter 5.1.1. The MCO will submit two attestation forms each month: one form for STAR+PLUS QIPP payments, and a second form for Dual-Demonstration Medicare-Medicaid plan (MMP) QIPP payments. The MCO must indicate “STAR+PLUS” or “MMP” in the Program field at the top of the form. The MCO may use an electronic or handwritten signature on the attestation form.

- If all QIPP-related payments during the month were made according to the 20 Day payment requirement set forth in UMCC 6.3.2.3, STAR+PLUS Expansion 6.3.2.3, and STAR+PLUS MRSA 6.3.2.3, then the MCO must sign the first section of the attestation form, “Timely Payment Attestation,” page 3 of UMCM 5.20.
- If any QIPP-related payments during the month were made outside of the 20 Day payment requirement set forth in UMCC 6.3.2.3, STAR+PLUS Expansion 6.3.2.3, and STAR+PLUS MRSA 6.3.2.3, then the MCO must list the nursing facilities that received late payments and sign the second section of the attestation form, “Non-timely Payment Attestation,” page 4 of UMCM 5.20.



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Quality Incentive Payment Program Timely Payments Attestation

MCO Name

Program

State Fiscal Year

Reporting Month

Submission Date

Timely Payment Attestation:

By my signature below, I certify that I may make this attestation on behalf of the MCO listed above.
I certify the following:

1) That all Quality Incentive Payment Program (QIPP) payments to contracted Nursing Facility Providers participating in QIPP were made within 20 calendar days of receipt of the QIPP performance and per member per month data from the Health and Human Services Commission, as required in the Uniform Managed Care Contract section 6.3.2.3, STAR+PLUS Expansion 6.3.2.3, and STAR+PLUS MRSA 6.3.2.3.

2) That all original documents will be retained and preserved as required by law, and that such documents will be submitted, or access to such documents permitted for audit purposes, as required by HHSC or any agency of the state or federal government, or their representative(s).

Name and Title of CEO/CFO/CEO or CFO Delegated Representative

Date

Signature



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Non-timely Payment Attestation:

By my signature below, I certify that I may make this attestation on behalf of the MCO listed above.
I certify the following:

1) That during the reporting period noted above, the following list of Nursing Facility Providers received a QIPP payment more than 20 calendar days after the receipt of the QIPP performance and per member per month data from HHSC, in violation of UMCC section 6.3.2.3, STAR+PLUS Expansion 6.3.2.3, and STAR+PLUS MRSA 6.3.2.3.

2) That to the best of my knowledge, information, and belief the MCO is not in compliance with the 20 calendar day QIPP payment requirement set forth in the UMCC 6.3.2.3, STAR+PLUS Expansion 6.3.2.3, and STAR+PLUS MRSA 6.3.2.3.

3) That all original documents will be retained and preserved as required by law, and that such documents will be submitted, or access to such documents permitted for audit purposes, as required by HHSC or any agency of the state or federal government, or their representative(s).

Name and Title of CEO/CFO/CEO or CFO Delegated Representative

Date

Signature